

**LEADERSHIP COUNCIL OF AGING ORGANIZATIONS
SOLUTIONS FORUM
MAY 17, 2005**

**Resolution on Ensuring Access to Comprehensive, Affordable and Quality Health,
Mental Health, and Substance Abuse Coverage in Medicare**

WHEREAS, Medicare provides health insurance to very hard-to-insure or uninsurable individuals at a reasonable cost and can be a model program to help those approaching age 65 and who are uninsured and need to obtain coverage;

WHEREAS, in 2006, the Centers for Medicare and Medicaid Services estimate that the Medicare premiums, deductibles and co-pays of the average beneficiary will consume 37.2 percent of the average Social Security check making further cost shifting a hardship for millions;

WHEREAS, prescription drugs play a crucial role in the health care of older Americans and the Medicare Modernization Act (MMA) of 2003 must be continually assessed and improved when needed to ensure affordable access to pharmaceutical therapies;

WHEREAS, Medicare beneficiaries need help to make informed decisions regarding options and choices, managed care plans, Medigap policies, prescription drug plans, and other options;

WHEREAS the quality of life of older Americans can be improved through preventive care and screening and morbidities and mortalities delayed through better use of expanded preventive services under Medicare and Medicaid;

WHEREAS mental health is a leading threat to the independence of and quality of life of older persons and almost 20% of persons over age 55 experience specific mental and cognitive disorders that are not part of the normal aging process and are treatable;

WHEREAS, Medicare faces the same quality improvement problems as exist throughout our health care system, but Medicare has a unique capacity to encourage improvements in quality using technology innovation, performance measures, and practice guidelines;

WHEREAS, there is a documented shortage of geriatric health and mental health workers at all levels, and many direct care workers in the health care field, on whom many elderly Americans rely for their health-related services, leave their jobs within the first year of employment due to poor wages, minimal training, and few opportunities for advancement;

THEREFORE, BE IT RESOLVED by the 2005 White House Conference on Aging to support policies to **ENSURE ACCESS TO COMPREHENSIVE, AFFORDABLE AND QUALITY HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE COVERAGE BY:**

·Ensuring that Medicare meets the full medical needs of all enrollees (which are defined as physical, mental health, substance abuse, health promotion and disease prevention, and long-term care services), that coverage decisions keep pace with the best practices of modern medicine, and do not result in further cost shifting to beneficiaries.

·Ensuring that Medicare payments keep pace with the increase in the cost of benefits and not be tied to budgetary targets, and that expansions in coverage for services should not come in exchange for privatization or greater beneficiary cost sharing through new co-payments, higher premiums or deductibles.

·Ensuring access to an affordable and comprehensive range of mental health and substance abuse services, including outreach, home and community-based care, prevention, and intervention.

·Ensuring that Medicare benefits continue to include more health promotion and preventive care for all beneficiaries, including those with chronic illness.

·Ensuring that Medicare reforms do not reduce access to care by raising the age of eligibility or by basing eligibility on income.

·Monitoring and extending the scope of service and treatment options for minorities and women and by addressing the special needs of these populations.

·Improving the Medicare prescription drug program by ensuring effective cost containment through fair drug prices negotiated by the Secretary, by improving the program's coverage, and by ensuring that consumers have balanced and accurate information in making drug-related decisions.

·Ensuring the enrollment of all those eligible for the excellent low-income benefits of the MMA, particularly the Dual Eligibles.

·Defining comprehensive health insurance coverage to include mental health services, substance abuse services, health promotion and disease prevention, and long-term care services.

·Recognizing the importance of all direct care workers in the health and mental health care field and assuring adequate recognition; fair wages; education and training, including geriatric traineeships; reasonable working conditions; and benefits, including health coverage; to ensure high quality and standards of care.

·Assisting beneficiaries in understanding and navigating the many new choices and options in Medicare by immediately increasing the level of funding for the State Health Insurance Assistance Programs' counseling services to \$1 per beneficiary and providing dependable, adequate funding for this program in the future.

·Studying the option of “buying into” Medicare for those who are approaching retirement (ages 55-64) and who do not have adequate, affordable insurance.

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**Resolution on Ensuring Coverage of Affordable Long-Term Care Services that are
of the highest quality**

WHEREAS, long-term care services are needed by more than 6 million elderly Americans and close to 4 million disabled Americans;¹

WHEREAS, a bias has historically existed within programs that provide coverage for institutional placement for long-term care services despite the fact that elderly Americans want the option to receive long-term care services in their homes or other community settings;

WHEREAS, long-term care services are extremely expensive, with 36% of older people's out-of-pocket expenses going toward long-term care;²

WHEREAS, the Medicaid program provides coverage for approximately 70 percent of nursing home residents and pays almost half of the nation's long-term care costs (or nearly \$60 billion), but is also an essential source of health care for millions of American families, covering the birth of approximately one in three grandchildren and providing continuing health insurance to one in four grandchildren;

WHEREAS, the Medicare program pays for 17%, or nearly \$23 billion, of all long-term care costs annually incurred by Americans;³

WHEREAS, private insurance for long-term care is financially out of reach for many elderly Americans, is not available to many with pre-existing conditions, and may not provide sufficient consumer protections for those purchasing the insurance;

WHEREAS, despite federal legislation such as the Nursing Home Reform Act, some residents are still subjected to abuse or poor treatment in spite of legal protections;

WHEREAS, it is increasingly difficult to recruit and retain a sufficient number of long-term care workers willing to engage in the physically and emotionally difficult work

¹*Medicaid and Long-Term Care* (Kaiser Commission on Medicaid and the Uninsured, July 2004).

²*Medicare Spending and Financing* (Kaiser Family Foundation, April 2005)

³*Id.*

for little pay and few benefits, and the increasing shortage of long-term care workers threatens the quality of care in both institutional and home and community-based settings;

WHEREAS, the Office of Inspector General of HHS has found that virtually all nursing home residents have at least one psychosocial service need, yet more than half do not receive planned services;

THEREFORE, BE IT RESOLVED by the 2005 White House Conference on Aging to support policies to **ENSURE THAT LONG-TERM CARE SERVICES ARE AFFORDABLE AND OF THE HIGHEST QUALITY BY:**

- Maintaining the essential social safety net by ensuring guaranteed, affordable, comprehensive coverage to those who are low income and eligible, without further shifting of costs to state and local governments through caps, block grants, vouchers, or other mechanisms, and by addressing soaring health care costs through other mechanisms rather than spending reductions first in Medicaid services to vulnerable and elderly populations.

- Maintaining the Medicaid and Medicare programs' role in ensuring that elderly Americans have coverage for long-term care services.

- Expanding options for people who need long-term care services, including psychosocial and other services, which allow individuals to remain integrated in the community rather than in institutional settings, and by recognizing the need for consumer direction in choosing services.

- Attaining a sufficient long-term care workforce through, among other things, recognizing the importance of all long-term care workers and assuring fair wages, education and training, and the right of all long-term care workers to representation by a union of their choosing.

- Preventing and reducing elder abuse by increasing the monitoring of long-term care workers and by increasing the availability of respite care services for family and other caregivers.

- Supporting the Caregiver Tax Credit proposal to establish a tax credit of up to \$5,000 for family caregivers for the costs of providing care for individuals with long-term care or chronic care needs.

- Developing culturally sensitive long-term care insurance regulations that standardize private policies to encompass, in addition to institutional care, home and community-based services such as personal assistance services, adult day services, assisted living, mental health services, and respite care. Such insurance should be affordable, accessible, and dependable for purchasers through regulation that provides basic consumer protections.